the KANDY foundation	Pre-R Venue: Ba 43 Date: Jur	egistrati	Ils Camp on Form Club of Garland
CHILD INFORMATION		•••••	• • • • • • • • • • • • • • • • • • • •
First and Last Name	Age	Grade	T-shirt Size
Name of School			
Does your child have a medical about? (CIRCLE ONE) Yes or No			
PARENT/GUARDIAN INFO	RMATION		•••••••••••••••••••••••••••••••••••••••
Parent/Guardian Name	Email Address	5	Phone Number
Parent/Guardian Name Mailing Address EMERGENCY CONTACT IN		City	Zip
Mailing Address EMERGENCY CONTACT IN		City	Zip

Pre-registration deadline is June 8, 2016. Your payment of \$15.00 must be made by this date to ensure having a t-shirt. The cost of the camp after June 8 is \$20.00. For further information please call 469.939.3023 or 214.734.9976.